

389

Form 8, 5-09-4m.

PLACE OF DEATH

County of Pima
 District of Helvetia
 Town of Helvetia
 or
 City of _____

(If death occurs away from USUAL (No. _____, _____ St., _____ Ward.) (If death occurred in a Hospital or Institution, give its NAME instead of street and number.)

FULL NAME

Maud Gandy
 Arizona Territorial Board of Health
 BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF DEATH
Ter. Index No. 175County Registered No. 103

PERSONAL AND STATISTICAL PARTICULARS

LENGTH OF RESIDENCE
 At Place of Death _____ yrs 2 mos.
 In Arizona 2 yrs 5 mos.

SEX Female COLOR OR RACE White Chinese
Black Indian
Mexican

DATE OF BIRTH July 6th 1909
 (month) (day) (year)

AGE
2 years 5 months 11 days

SINGLE, MARRIED, _____
 WIDOWED, OR DIVORCED _____

BIRTHPLACE Wilcox, Arizona
 (State or foreign country) U.S.A.

OCCUPATION _____

NAME OF FATHER James Ross Gandy

BIRTHPLACE OF FATHER U.S.A.
 (State or foreign country)

MAIDEN NAME OF MOTHER Ida Singleton

BIRTHPLACE OF MOTHER U.S.A.
 (State or foreign country)

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant Ida S. Gandy
 (Address) Helvetia, Ariz.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 17 1909
 (month) (day) (year)

I hereby certify, That I attended deceased from July 9th 1909 to July 17th 1909
 that I last saw her alive on 17th July 1909

and that death occurred on the date stated above at 4.30 PM
 The DISEASE or INJURY causing DEATH was as follows;

Dysentery

Where contracted Helvetia Duration 8 days

Contributing cause (if any) _____

Where contracted _____ Duration _____

(Signed) J. W. Bennett M.D.
7/17/09 Address Helvetia

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual residence _____ How long at _____ Place of Death _____ Days _____

Place of burial or removal Helvetia Cemetery Date of burial or removal July 18 1909

Undertaker Father Address Helvetia

Filed July 21, 1909 P. J. Herby Local Registrar
Aug. 3, 1909 W. V. Whitman County Registrar

MARGIN RESERVED FOR BINDING. THIS IS A PERMANENT RECORD. WRITE PLAINLY WITH UNFADING INK. FILL OUT ALL BLANKS.

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, that it may be properly classified. If any item can not be obtained insert the word "unknown." Make every effort possible to secure this information. Incorrect certificates will be returned for correction.